

**Issue Paper 7: RCW 70.24 has Not Been Updated to Include Reference to  
Current Standards and Practices  
DRAFT**

**PROBLEM STATEMENT:**

Most of the language of RCW 70.24 was written 15 years ago. Several sections of this RCW require updating to bring them in line with current medical practice and public health standards and best practices. Some of these sections might include: 015, 017, 050, 105, 120, 320, 370, and 380. These sections address legislative findings, general definitions, diagnosis of sexually transmitted diseases, disclosure of test results and exchange of information, authority of STD investigators to draw blood, counseling and testing definitions, correction facility inmates, and rules for counseling and testing.

**DISCUSSION:**

Language and definitions contained in state law establish policies which in turn affect clinical and public health practice. As medical science, technology, and public health evolve, practices may develop which engender perceived or actual conflicts with state law or misunderstandings or confusion with the intent of state law. Clinical practice standards and public health practice have changed greatly in the past 15 years, with advances in HIV treatment, HIV testing, and effective counseling methods.

For example, RCW 70.24 defines the following terms: “Pretest counseling”; “Posttest counseling”; and “AIDS counseling”. These definitions were developed in 1988 and are now inconsistent with current recommendations of the Centers for Disease Control and Prevention (CDC). CDC and other experts have emphasized the need for HIV-related counseling to focus on the prevention of further disease transmission. In addition, use of the phrase “AIDS counseling” places a focus on the later stage of disease as opposed to “HIV counseling”.

As a second example, state law authorizes the release of the sexually transmitted disease status of offenders or detainees under certain circumstances. It is presumed that release of such information to corrections, jail, and other public safety staff was intended to reduce the risk of disease transmission to those staff. Use of the term “sexually transmitted disease” implies the risk is related to sexual behavior. In fact, risk is related to the possibility of exposure to blood or other potentially infectious bodily fluids. Potential exposure to bloodborne infections would better reflect legislative intent.